Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. For the 2023 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization SOUTHWEST WILDLIFE CONSERVATION Check if applicable: CENTER Address change Doing business as 86-0765249 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8711 E. PINNACLE PEAK RD. #115 480-471-9109 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ SCOTTSDALE AZ 85255 3,872,412 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending LINDA SEARLES 8711 E. PINNACLE PEAK RD. H(b) Are all subordinates included? If "No," attach a list. See instructions SCOTTSDALE AZX 501(c)(3) 501(c) () (insert no.) WWW.SOUTHWESTWILDLIFE.ORG H(c) Group exemption number X Corporation Trust Year of formation: 1994 M State of legal domicile: Form of organization: Association Summarv Briefly describe the organization's mission or most significant activities: Activities & Governance SEE SCHEDULE O 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 32 5 6 Total number of volunteers (estimate if necessary) 138 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 1,740,297 3,458,480 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 293**,**723 306,372 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -9,41039,463 40,345 20,367 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 824,682 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 687,088 805,861 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 212, 579 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 085.041 -20,086 547. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 2,295,463 863 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 263 66 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here EXECUTIVE DIRECTOR LINDA SEARLES Type or print name and title Print/Type preparer's name Preparer's signature Paid JULIE S. KLEWER, CPA self-employed P00343046 **Preparer** KLEWER & RUDNER 36-4538293 LUDWIG Firm's name Firm's EIN **Use Only** 4783 Ε CAMP LOWELL DR TUCSON, AZ 85712 520-545-0500

May the IRS discuss this return with the preparer shown above? See instructions

Yes

| Part III | Statement of Program Service Accomplishments | X |
|---|---|--------------------------|
| 1 Briefly | Check if Schedule O contains a response or note to any line in this Part III | <u>,</u> |
| - | | |
| | SCHEDOLE O | |
| | | |
| | | |
| | e organization undertake any significant program services during the year which were not listed on the | |
| = | form 990 or 990-EZ? | Yes X No |
| | s," describe these new services on Schedule O. e organization cease conducting, or make significant changes in how it conducts, any program | |
| service | | Yes X No |
| | s," describe these changes on Schedule O. | [163 2 <u>2</u> 110 |
| | ibe the organization's program service accomplishments for each of its three largest program services, as measured by | 1 |
| expens | ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others | i, |
| the tota | al expenses, and revenue, if any, for each program service reported. | |
| | 1 (01 000) 1 (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | |
| 4a (Code: | |) |
| MEDIC CLINI | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | A VETERINARY Mammals. |
| THROU | | |
| SURVI | | WILD. |
| ANIMA | AL SANCTUARY: SOUTHWEST WILDLIFE SPECIALIZES IN PROVIDING | SANCTUARY FOR |
| LARGE | E MAMMALS SUCH AS BLACK BEARS, MOUNTAIN LIONS, BOBCATS, A | ND COYOTES. |
| SOUTH | | ROGRAM BY |
| | +++++++++++++++++++++++++++++++++++++++ | ATERIAL. |
| ANIMA | *************************************** | LIVE OUT THEIR |
| LIVES | S IN OUR ACCREDITED SANCTUARY. | |
| • | | |
| 4b (Code: | :) (Expenses \$ 113,108 including grants of \$) (Revenue \$ | 326,739) |
| EDUCA | | |
| PROTE | ECTING WILDLIFE THROUGH EDUCATION PROGRAMS, WITH A GOAL O | F INSPIRING |
| PEOPI | | IFE AND |
| HABIT | *************************************** | |
| | ISDALE INCLUDE WALK WITH WILDLIFE, FAMILY DAYS FOR THE VE TOURS, DISCOVERY DAYS, AND OTHER WORKSHOPS. SOUTHWEST WI | RY YOUNG, FULL |
| | EACH PROGRAMS IN THE COMMUNITY. SOUTHWEST WILDLIFE CONTRI | |
| SEVER | RAL SCIENTIFIC RESEARCH PROJECTS FOCUSED ON WILDLIFE CONS | ZRVATION. |
| | UDING STUDIES ON BOBCATS, KIT FOXES, AND JAVALINAS. SOUTH | |
| ALSO | ASSISTED IN PRESERVING THE REPRODUCTIVE POTENTIAL OF END. | ANGERED |
| MEXIC | CAN WOLVES FOR FUTURE BREEDING PROGRAMS. | |
| 4 (0) | | |
| 4c (Code: N/A | :) (Expenses \$ including grants of \$) (Revenue \$ |) |
| IN / A | | |
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| ٠ | | |
| | | |
| | | |
| 4d Other p | program services (Describe on Schedule O.) | |
| | nses \$ including grants of \$) (Revenue \$ |) |
| 4e Total p | program service expenses 1.735.010 | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------|-----|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | 0200 | | 200200-01 |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | emac |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | 1123 | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | l _ | | 3.7 |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | ١. | | 37 |
| | complete Schedule D, Part III | 8 | , | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | _ | | v |
| 10 | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | | Λ |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| u | accomplate Cabadula D. Dant VI | 11a | Х | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | | | |
| ~ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Χ |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Χ |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Χ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Χ | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Χ | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Χ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Χ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | l | | 3.7 |
| 45 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Χ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 4- | | 37 |
| 40 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 46 | | v |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Χ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | '' | | |
| 10 | D 17411 F 4 10 0 1411 / 14 0 1 1 1 0 D 14 | 18 | | Χ |
| 19 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 10 | | - 27 |
| . 3 | If "Yes," complete Schedule G, Part III | 19 | | Χ |
| 20a | Did the annual of the second o | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | - 2 3 |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| | | | | |

| P | art IV Checklist of Required Schedules (continued) | - | I | |
|-------|--|---------------------------------------|-----------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | ١ |
| 22323 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | _ | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | ١ |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | _ | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 1202 | | |
| | to defease any tax-exempt bonds? | 24c | | ├ |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | - |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 55655 | | ١ |
| (2) | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | - | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 2,000 | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | _ | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | 82-83 | | 1202 |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule | | | |
| | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | 12/22 |
| | "Yes," complete Schedule L, Part IV | 28a | _ | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | X | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 5000 | 3.125.720 | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | X | 92020 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | 300 |
| | complete Schedule N, Part II | . 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | _ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | 2000.00 |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | A 1 | | ĺ |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | X | |
| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | | - | |
| err | Check if Schedule O contains a response or note to any line in this Part V | · · · · · · · · · · · · · · · · · · · | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X | |

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return _____ 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over. a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11h Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

Form 990 (2023) SOUTHWEST WILDLIFE CONSERVATION 86-0765249 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request | Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20 THE ORGANIZATION 8711 E. PINNACLE PEAK RD. #115

85255

SCOTTSDALE

Form 990 (2023) SOUTHWEST WILDLIFE CONSERVATION

| Part VII | Compensation of Officers, Directors, | Trustees, K | (ey Employees, | Highest Compe | ensated Emplo | byees, and |
|----------|--------------------------------------|-------------|----------------|----------------------|---------------|------------|
| | Independent Contractors | | | | | |

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | | | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | |
|---|---|--------------------------------|---|---|--|--|--|--------------------------------------|---|---|--|---|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Highest compensated employee (Key employee) Conficer Institutional trustee (Individual trustee) Individual trustee (Individual trustee) Or director | | Former Highest compensated employee Key employee | | Former Highest compensated employee Key employee Officer | | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) SAM COPPERSMITH CHAIR/SEC, DIRECTOR | 5.00 | Х | | Х | | | | 0 | 0 | 0 | | |
| (2) PAUL DIEFENDERF | ER 1.00 0.00 | Х | | | | | | 0 | 0 | 0 | | |
| (3) LINDA SEARLES EXECUTIVE DIRECTOR | 40.00 | Х | | Х | | | | 0 | 0 | 0 | | |
| director | 1.00 | Х | | | | | | 0 | 0 | 0 | | |
| ODE NICK ROBL | 1.00 | X | | | | | | 0 | 0 | 0 | | |
| (6) MICHELLE BURNS DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 | | |
| (7) FAIRFAX O'REILL DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | |

| | rt VII Section A. Officer | | | | | | | | s, and Highest Compens | | ued) | | | age t |
|--------|--|---|---|-----------------------|---------|--------------|---------------------------------|--------|---|--|--|----------|---------------|--------------|
| | Name and title Average hours | | (B) (do not check more than on box, unless person is both a officer and a director/trustee per week | | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | t | |
| | | (list any hours for related organizations below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | | | ne on and | าร |
| (12) | | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | | |
| (15) | PICTECTIVITY CONTINUES PROCESSES | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| С | Subtotal Total from continuation sh Total (add lines 1b and 1c) Total number of individuals (i | eets to Part VII | , Se | ctio | n A | | | | ove) who received more th | an \$100 000 of | | | | |
| _ | reportable compensation from | | | 0 | Juic | 36 11 | sieu | abc | who received more the | an \$100,000 or | | | Yes | No |
| 3 | Did the organization list any f employee on line 1a? <i>If</i> "Yes, For any individual listed on lir | " complete Sche | edule | Jfc | or su | ch ir | ndivid | dual | | | | 3 | 163 | Х |
| 20.50 | organization and related orga | | | | | | | | | | | 4 | | Х |
| 5 | Did any person listed on line for services rendered to the d | | | | | | | | | | | 5 | | Х |
| 12.500 | ion B. Independent Contrac | tors | | | | | | | | | ***** | <u> </u> | | 1 21 |
| 1 | Complete this table for your fi compensation from the organ | nization. Report | | | | | | | ndar year ending with or w | rithin the organization's tax | x year. | | | |
| _ | Name and | (A) d business address | | | | | | | Descrip | (B) otion of services | | Cor | (C) npensa | ation |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| _ | | | | | | | | | | | \dashv | | | |
| 2 | Total number of independent received more than \$100,000 | | | | | | | | nose listed above) who | 0 | | | | |

Form 990 (2023) SOUTHWEST WILDLIFE CONSERVATION 86-0765249 Page 9 **Part VIII** Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (C) (D) Revenue excluded Unrelated function revenue from tax under sections 512-514 business revenue 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, 3,458,480 1f and similar amounts not included above Noncash contributions included in 1<u>g</u> 36,994 lines 1a-1f 3,458,480 h Total. Add lines 1a-1f Business Cod 306,372 306,372 Program Service PROGRAMS & TOURS f All other program service revenue 306,372 g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) 26,008 26,008 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents b Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 14,600 other than inventory 7a Other Revenue b Less: cost or other 1,145 basis and sales exps. 13,455 c Gain or (loss) 7с 13,455 13,455 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a

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scellaneous Revenue

b Less: direct expenses

10a Gross sales of inventory, less returns and allowances

e Total. Add lines 11a-11d ...

b Less: cost of goods sold

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory

d All other revenue

Total revenue. See instructions

9b

10a

10b

66,952

46,585

Business Code

20,367

3,824,682

20,367

326,739

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| 2000 | on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo | | | | |
|----------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | ot include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | 1 | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| 5.11 | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 712,442 | 536,325 | 81,187 | 94,930 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 32,099 | 4,828 | 26,759 | 512 |
| 10 | Payroll taxes | 61,320 | 47,028 | 6,651 | 7,641 |
| 11 | Fees for services (nonemployees): | 01,020 | 17,020 | 0,001 | 7,011 |
| | | | | | |
| h | Management | 1,730 | 1 | 1,730 | |
| c | Legal | 97,695 | | 97,695 | |
| 4 | Accounting | 51,055 | | 51,055 | |
| u | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| , | Other. (If line 11g amount exceeds 10% of line 25, column | | + | | |
| 9 | (A) amount, list line 11g expenses on Schedule O.) | 64,708 | 6,085 | 42,977 | 15,646 |
| 12 | Advertising and promotion | 65,801 | 31 | 42 | 65,728 |
| 13 | Office expenses | 23,570 | 3,181 | 17,432 | 2,957 |
| 14 | Information technology | 23,370 | 5,101 | 11,152 | 2,001 |
| 15 | Povalties | | | | |
| 16 | Royalties | 338,685 | 331,846 | 1,190 | 5,649 |
| 17 | Occupancy | 25,042 | 24,410 | 632 | 5,045 |
| 18 | Travel Payments of travel or entertainment expenses | 23,042 | 24,410 | 052 | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | - | | | |
| 20 | 1.4 | | | | |
| 21 | Payments to affiliates | | | - | |
| 22 | Depreciation, depletion, and amortization | 136,959 | 118,412 | 18,547 | |
| 23 | | 12,221 | 7,895 | 4,326 | |
| 24 | Other expenses. Itemize expenses not covered | 12,221 | 7,033 | 4,320 | |
| 24 | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | ANIMAL REHAB, FOOD, MED | 655,930 | 642,094 | 13,314 | 522 |
| a b | BANK FEES | 30,027 | 9,240 | 4,238 | 16,549 |
| | COMMUNICATION | 14,123 | 756 | 10,967 | 2,400 |
| c d | MEATO | 3,084 | 1,456 | 1,583 | 45 |
| | · · · · · · · · · · · · · · · · · · · | 2,136 | 1,423 | 713 | 4.5 |
| e 25 | All other expenses Total functional expenses. Add lines 1 through 24e | 2,277,572 | 1,735,010 | 329,983 | 212,579 |
| 25 26 | Joint costs. Complete this line only if the | L, L11, J1L | T, /30, UIU | J Z J , J O J | <u> </u> |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if | | | | |
| DAA | following SOP 98-2 (ASC 958-720) | | L | | Form 990 (2023) |
| | | | | | 1 01111 330 (2023) |

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,133,880 879,508 Cash—non-interest-bearing Savings and temporary cash investments 121,020 2 1,819,951 20,944 59,047 Pledges and grants receivable, net 3 Accounts receivable, net 10,484 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 26,359 30,636 19,314 21,885 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D **b** Less: accumulated depreciation 10b 800,684 914,883 10c 970,937 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 48,579 67,539 15 15 2,295,463 3,863,156 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses 107,263 17 126,166 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 107,263 126,166 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,077,831 3,656,841 27 27 Net assets with donor restrictions 110,369 80,149 Organizations that do not follow FASB ASC 958, check her and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2,188,200 3,736,990 Total net assets or fund balances 32 32 2,295,463 3,863,156 Total liabilities and net assets/fund balances

Form **990** (2023)

Page **11**

| Pa | rt XI Reconciliation of Net Assets | | | | | | |
|----|---|-------------------|---------|-------|---------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | . X | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,8 | 324, | ,682 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,2 | 277 | ,572 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,5 | 547 | ,110 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,1 | 88. | ,200 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | 1,680 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | |
| | 32, column (B)) | 10 | 3, | 136, | ,990 | | |
| Pa | rt XII Financial Statements and Reporting | | | | (100-01 | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | | Ye | s No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | 7,21 | | | | |
| | Schedule O. | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | Section essential | 28 | 1 | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | ,,,,,,, | | | | |
| | reviewed on a separate basis, consolidated basis, or both. | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 21 | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | ***** | ,,,,, | | | | |
| | separate basis, consolidated basis, or both. | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | 100 | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 20 | : X | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | | |
| | Schedule O. | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | ı | X | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | 1 | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | , | | | |
| | | | | | | | |

SCHEDULE A (Form 990)

s = = ====

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

SOUTHWEST WILDLIFE CONSERVATION Employer identification number Name of the organization CENTER 86-0765249 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing organization support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| | tion A. Public Support | 43 | -500 | - 10- | | 67. | |
|------|--|--------------------------------------|---------------------|-----------------------|----------------------|---------------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,694,701 | 1,681,648 | 1,895,702 | 1,740,297 | 3,458,480 | 10,470,828 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1,694,701 | 1,681,648 | 1,895,702 | 1,740,297 | 3,458,480 | 10,470,828 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| • | shown on line 11, column (f) | | | 4 | | | 733,462 |
| 6 | Public support. Subtract line 5 from line 4 . | | | | | | 9,737,366 |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 1,694,701 | 1,681,648 | 1,895,702 | 1,740,297 | 3,458,480 | 10,470,828 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 5,897 | 374 | 1,893,702 | 1,740,297 | 26,008 | 33,236 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 138,011 | 10,044 | 4,291 | 3 , 619 | | 155,965 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 10,660,029 |
| 12 | Gross receipts from related activities, etc | . (see instructions) | | | | 12 | 1,476,881 |
| 13 | First 5 years. If the Form 990 is for the c | organization's first, | second, third, four | th, or fifth tax year | r as a section 501 | (c)(3) | |
| | organization, check this box and stop he | | | | | | |
| Sec | ction C. Computation of Public S | | | | | | |
| 14 | Public support percentage for 2023 (line | 6, column (f) divide | d by line 11, colur | nn (f)) | | 14 | 91.34% |
| 15 | Public support percentage from 2022 Sch 33 1/3% support test — 2023. If the org | nedule A, Part II, lir | ie 14 | | | 15 | 96.31% |
| 16a | 33 1/3% support test — 2023. If the org | anization did not c | neck the box on lir | ne 13, and line 14 | is 33 1/3% or mor | e, check this | |
| | box and stop here . The organization qua | | | | | | X |
| b | 33 1/3% support test — 2022. If the org | | | | ne 15 is 33 1/3% o | r more, check | |
| | this box and stop here . The organization | | | | | | L |
| 17a | 10%-facts-and-circumstances test — | | | | | | |
| | 10% or more, and if the organization mee | | | | - | | |
| | Part VI how the organization meets the fa organization | | | | | | |
| b | 10%-facts-and-circumstances test — | 2022 . I f the organiz | zation did not chec | k a box on line 13 | 3, 16a, 16b, or 17a | ı, and line | |
| | 15 is 10% or more, and if the organization | | | | = | • | |
| | in Part VI how the organization meets the | facts-and-circums | tances test. The c | rganization qualifi | ies as a publicly sı | upported | |
| | organization | | | | | | |
| 18 | Private foundation. If the organization of instructions | lid not check a box | on line 13, 16a, 1 | 6b, 17a, or 17b, cl | heck this box and | see | |
| | | | | | | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | 140 | | 20 10 | ~ 29 | 200 | |
|--------|--|--------------------------|--------------------|---------------------|---------------------|-------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | 100 | 3.50 St. | | 32 - 10 | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с 8 | Add lines 7a and 7b Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | ction B. Total Support | | | _ | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the or organization, check this box and stop her | | | • | | . , . , | |
| Sec | ction C. Computation of Public S | | | | | | |
| 15 | Public support percentage for 2023 (line 8 | | | umn (f)) | | 15 | % |
| 16 | Public support percentage from 2022 Sch | | | | | | % |
| | tion D. Computation of Investm | | | | | | |
| 17 | Investment income percentage for 2023 (| | | 13, column (f)) | | 17 | % |
| 18 I | Investment income percentage from 2022 S | | III line 17 | | | 10 | % |
| | 33 1/3% support tests — 2023. If the org | | | | | | |
| | 17 is not more than 33 1/3%, check this b | ox and stop her e | . The organization | n qualifies as a pu | ıblicly supported o | rganization | |
| b | 33 1/3% support tests — 2022. If the org | - | | | | | |
| 20 | line 18 is not more than 33 1/3%, check the Private foundation . If the organization dispersion of the second sec | - | - | • | | • | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I, If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| \Box | Yes | No |
|-----------------|-----|----|
| | | |
| 1 | | |
| | | |
| 2 | | |
| | | |
| 3a | | |
| | | |
| 3b | | |
| 3с | | |
| 30 | | |
| 4a | | |
| | | |
| 4b | | |
| | | 20 |
| | | |
| 4c | | |
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| 5a | | |
| 5b | | |
| 5c | | |
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| 6 | | |
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| 7 | | |
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| 8 | | |
| | | |
| 9a | | |
| 9b | | |
| 30 | | |
| 9с | | |
| | | |
| 10a | | |
| | | |
| 10b redule A | | |

| | rt IV Supporting Organizations (continued) | | | r age v |
|-------|--|----------------|---------|---------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI . | 11c | | |
| Sect | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | ion C. Type II Supporting Organizations | - | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | ion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI | | | |
| | how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| - | ion E. Type III Functionally Integrated Supporting Organizations | V-Steep II | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | 1 s). | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins | itructioi آ | 5555855 | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| (962 | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | | | |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would | a. | | |
| • | have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 2. | | |
| (100) | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

| | ule A (Form 990) 2023 SOUTHWEST WILDLIFE CONSERV | | | 5249 Page 6 |
|------|--|---------|-----------------------------|-----------------------------|
| Pai | | | | //\ C |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on | | | 56 |
| Sect | instructions. All other Type III non-functionally integrated supporting organizations nation A – Adjusted Net Income | nust co | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | 2 |
| 5 | Depreciation and depletion | 5 | | 0 |
| 6 | Portion of operating expenses paid or incurred for production or collection | | | |
| | of gross income or for management, conservation, or maintenance of | | | |
| | property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| | tion B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | # X-1 X |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | 2 |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | , |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | tion C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally integrate | ed Type | III supporting organization | on |

Schedule A (Form 990) 2023

(see instructions).

| Sec | tion D – Distributions | | | | Current Year |
|----------|--|----------------------------------|--------------------------------------|-----|--|
| 1 | Amounts paid to supported organizations to accomplish exemp | t purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt p | urposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes | of supported organizations | | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required—prov | vide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | organization is responsive | | 8 | |
| 980.0 | (provide details in Part VI). See instructions. | | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 0 | Line 8 amount divided by line 9 amount | - | | 10 | |
| Sec | tion E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2023 | ns | (iii) Distributable Amount for 202 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | No. | |
| 2 | Underdistributions, if any, for years prior to 2023 | | | | |
| | (reasonable cause required-explain in Part VI). See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| | From 2020 | | | | |
| | From 2021 | | | | |
| | From 2022 | | | | |
| | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2023 distributable amount | | | | |
| <u> </u> | | | | | |
| _ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from | | | | |
| _ | Section D, line 7: \$ | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2023 distributable amount Remainder, Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| 5 | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI . See instructions. | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| U | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024, Add lines 3j | | | | |
| • | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| _ | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| | Excess from 2023 | | | | |

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization SOUTHWEST WILDLIFE CONSERVATION CENTER 86-0765249 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Pa | rt III Organizations Maintaining | Collections of | of Art, Historica | l Treasures, o | r Other Si | milar As | sets (c | ontii | nued) |
|----------|---|--|------------------------|---------------------|---------------------------------------|-----------------|------------|--|----------|
| 3 | Using the organization's acquisition, accessic collection items (check all that apply). | on, and other record | ds, check any of the | following that mak | e significant ι | use of its | , | | |
| а | Public exhibition | d 🗌 1 | Loan or exchange pr | ogram | | | | | |
| b | Scholarly research | е 🗌 (| Other | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and expla | in how they further th | ne organization's e | xempt purpos | se in Part | | | |
| 5 | During the year, did the organization solicit or | r receive donations | of art historical trea | sures or other sin | oilar | | | | |
| 3 | assets to be sold to raise funds rather than to | | | | | | | es | No |
| Pa | ert IV Escrow and Custodial Arr | | part of the organizati | orra conconorra | | <u></u> | · <u> </u> | <u> </u> | |
| | Complete if the organization 990, Part X, line 21. | | s" on Form 990, | Part IV, line 9 | , or reporte | ed an amo | ount on | For | m |
| 1a | Is the organization an agent, trustee, custodia | | | | | | | | |
| | included on Form 990, Part X? | | | | | | . L Y | es | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing table. | | _ | 100 | | | |
| | | | | | | | Amoui | nt | |
| С | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | L | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | e 21, for escrow or c | ustodial account li | ability? | | | es | No |
| 11-12-17 | If "Yes," explain the arrangement in Part XIII. | Check here if the | explanation has been | provided on Part | XIII | 604016060000000 | | | |
| Pa | irt V Endowment Funds | | | | _ | | | | |
| | Complete if the organization | | 91:07:00-07:0 | | | | | | |
| | <u></u> | (a) Current year | (b) Prior year | (c) Two years bac | k (d) Thre | ee years back | (e) Fo | ır year | rs back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | 10 | | | | |
| С | Net investment earnings, gains, and | | | | | | | | |
| 162 | losses | | | ÷ | | | | | |
| | Grants or scholarships | | | 4 | | | | | |
| е | Other expenditures for facilities and | | | | | | | | |
| | programs Administrative expenses | | | 4 | | | | | |
| | | | | | | | | | |
| y | End of year balance Provide the estimated percentage of the curre | ent year and halan | oo /line 1a golumn / |)) hold oo: | | | | | |
| ٠, | Board designated or quasi-endowment | | be (line 1g, column (a | a)) rielu as. | | | | | |
| | Permanent endowment % | | | | | | | | |
| | Term endowment % | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c sho | uld equal 100% | | | | | | | |
| 32 | Are there endowment funds not in the posses | 공이 (항공사건) 2 ⁵ 라면 있다면 있다고 10번째 (하다 10년 | ration that are held a | nd administered fo | or the | | | | |
| Ja | organization by: | ssion of the organiz | ation that are neid a | na administered to | n uie | | | Yes | s No |
| | | | | | | | 3a(i) | 100 | , 110 |
| | (i) Unrelated organizations?(ii) Related organizations? | | | | | | 12~/::\ | | + |
| h | If "Yes" on line 3a(ii), are the related organization | ations listed as requ | ired on Schedule R |) | | | | \vdash | + |
| 4 | Describe in Part XIII the intended uses of the | | | | | | . [36 | | |
| Pa | art VI Land, Buildings, and Equi | | ownent funds. | | | | | | |
| | Complete if the organization | | s" on Form 990 | Part IV line 1 | 1a See Fo | rm 990 F | Part X | line | 10 |
| | Description of property | (a) Cost or other b | 150 (200 P 19 | 35000 100 100 | (c) Accumulated | (2) | (d) Bool | | |
| | | (investment) | | ner) | depreciation | | (=) 2501 | | |
| 12 | Land | | | 4,632 | | | | | , 632 |
| h | Land Buildings | | 5 | 81,340 | 105, | 421 | Δ | | , 919 |
| D. | Leasehold improvements | | | <u> </u> | <u> </u> | 141 | | , J , | <u> </u> |
| | Equipment | | 1 1 | 85,649 | 695, | 263 | Δ | 90 | 386 |
| | Other | | | 55,035 | 000, | 200 | | <i></i> | <u> </u> |
| Tota | I. Add lines 1a through 1e. (Column (d) must e | aual Form 990 Pa | rt X. line 10c. colum | n (B)) | | | 9 | 70 | , 937 |
| | | , | , | 1 7/ | · · · · · · · · · · · · · · · · · · · | | | <u>, </u> | |

Schedule D (Form 990) 2023 SOUTHWEST WILDLIFE CONSERVATION

| Schedule D (F | <u>Form 990) 2023 SOUTHWEST WILDLIFE</u> | E CONSERVATION | 86-0765249 | Page 3 |
|------------------|--|------------------------------------|--|------------------|
| Part VII | Investments – Other Securities | " = 000 B + "\ | | D 11/1 10 |
| - | Complete if the organization answered "Ye | | | |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valu Cost or end-of-year ma | |
| (1) Financial of | doublestives | | 003t of 010-01-your file | The value |
| | | | | |
| (2) Other | eld equity interests | | | |
| / A \ | *************************************** | | | |
| (D) | | | | |
| (0) | | 3333 | | |
| (D) | | 0.000,000,000 | | |
| | ****************************** | | | |
| (F) | 321111111111111111111111111111111111111 | 11.0 | | |
| (0) | | **** | | |
| (H) | | **** | | |
| | n (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII | Investments – Program Related | • | | |
| | Complete if the organization answered "Ye | es" on Form 990, Part IV, | line 11c. See Form 990, | Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valu | |
| | | | Cost or end-of-year ma | irket value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | #\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| Part IX | n (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets | | | |
| Partix | Complete if the organization answered "Ye | os" on Form 990 Part IV | line 11d See Form 990 | Dart V line 15 |
| | (a) Description | | lille 11d. See Form 990, | (b) Book value |
| (1) | (a) bescription | | | (b) Book value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, line 15, col. (B)) | | | |
| Part X | Other Liabilities | | | |
| | Complete if the organization answered "Yoline 25. | es" on Form 990, Part IV, | line 11e or 11f. See Form | າ 990, Part X, |
| 1. | (a) Description of | liability | | (b) Book value |
| (1) Federal | income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, line 25, col. (B)) | | | |
| 2. Liability for | uncertain tax positions. In Part XIII, provide the text of | the footnote to the organization's | s financial statements that repor | is the |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

| Pa | Part XI Reconciliation of Revenue per Audited Financial Statemen | | er Retu | ırn |
|--|--|--|-----------------------|---------------------------------------|
| - | Complete if the organization answered "Yes" on Form 990, Par | | - | 4 000 500 |
| 1 | | | _ 1 | 4,022,522 |
| 2 | o registrations of the company of th | . 1 | | |
| a b | | | 0 | |
| c | | | <u> </u> | |
| d | | The second secon | 0 | |
| е | | | 2e | 197,840 |
| 3 | | | 3 | 3,824,682 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | V | <u> </u> |
| а | a Investment expenses not included on Form 990, Part VIII, line 7b | a | | |
| b | b Other (Describe in Part XIII.) | ь | | |
| С | Add lines 4a and 4b | | | |
| 10000000 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5_ | 3,824,682 |
| Pa | art XII Reconciliation of Expenses per Audited Financial Stateme | '바이지의 플레이지를 하는데 되었다. Santa Bernin (1997) 이 경기 (1997) - 1944 (1997) 이 1944 (1997) - 1945 (1997) - 1945 (1997) | per Re | eturn |
| _ | Complete if the organization answered "Yes" on Form 990, Par | rt IV, line 12a. | | 0 472 720 |
| 1 | | | 1 | 2,473,732 |
| 2 | | 196,16 | | |
| a b | | | | |
| c | S 1. AND RESIDENCE AND RESIDEN | _ | - | |
| d | . 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | |
| e | | in the second | 2e | 196,160 |
| 3 | | | 3 | 2,277,572 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | a Investment expenses not included on Form 990, Part VIII, line 7b | a | | |
| b | b Other (Describe in Part XIII.) | ь | | |
| | | | - | |
| С | C Add lines 4a and 4b | | 4c | |
| | C Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 4c 5 | 2,277,572 |
| Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information | | 5 | · · · · · · · · · · · · · · · · · · · |
| Prov | C Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lire | nes 1b and 2b; Part V, line | 5 | · · · · · · · · · · · · · · · · · · · |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | nes 1b and 2b; Part V, line additional information. | 5 | · · · · · · · · · · · · · · · · · · · |
| Prov 2; Pa | C Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lire | nes 1b and 2b; Part V, line additional information. | 5 | · · · · · · · · · · · · · · · · · · · |
| Prov 2; Pr P | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE | nes 1b and 2b; Part V, line additional information. | 5 4; Part) | ζ, line |
| Prov 2; Pr P | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | nes 1b and 2b; Part V, line additional information. | 5 4; Part) | ζ, line |
| Prov 2; Pa P | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, liner 13. Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SETTING A | nes 1b and 2b; Part V, line additional information. | 5 4; Part > | (, line S UNDER |
| Prov 2; Pa P | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE | nes 1b and 2b; Part V, line additional information. | 5 4; Part > | (, line S UNDER |
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| Prov 2; Pa P T I | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SENTERNAL REVENUE CODE SECTION 501 (C) (3) AND ASSTATUTES SECTION 43-1201. THEREFORE, NO PROVI | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN | 5 4; Part > TAXE | (, line S UNDER EVISED |
| Prov 2; Pa P T I | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, linerat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X — FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SENTERNAL REVENUE CODE SECTION 501 (C) (3) AND A | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN | 5 4; Part > TAXE | (, line S UNDER EVISED |
| Prov 2; Pa P T I | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SENTERNAL REVENUE CODE SECTION 501 (C) (3) AND ASSTATUTES SECTION 43-1201. THEREFORE, NO PROVI | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN | 5 4; Part > TAXE | (, line S UNDER EVISED |
| Prov 2; Pa P T I | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SENTERNAL REVENUE CODE SECTION 501 (C) (3) AND ASSTATUTES SECTION 43-1201. THEREFORE, NO PROVI | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN | 5 4; Part > TAXE | (, line S UNDER EVISED |
| Prove 2; Pro | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X — FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATUTES REVENUE CODE SECTION 501(C)(3) AND ASSISTATUTES SECTION 43-1201. THEREFORE, NO PROVIDENCES IN THE ACCOMPANYING FINANCIAL STATEMENT | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN ISION HAS BEE | 5 4; Part > TAXE UE R | K, line S UNDER EVISED DE FOR INCOME |
| Prove 2; Pro | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SENTERNAL REVENUE CODE SECTION 501 (C) (3) AND ASSTATUTES SECTION 43-1201. THEREFORE, NO PROVI | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN ISION HAS BEE | 5 4; Part > TAXE UE R | K, line S UNDER EVISED DE FOR INCOME |
| Prov 2; Prov 2; Prov 1 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SENTERNAL REVENUE CODE SECTION 501 (C) (3) AND ASSTATUTES SECTION 43-1201. THEREFORE, NO PROVIDENCES IN THE ACCOMPANYING FINANCIAL STATEMENT PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED INCREMENTAL AND SERVENUE AMOUNTS INCLUDED IN PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN PART XI | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN ISION HAS BEE | 5 4; Part > TAXE UE R | K, line S UNDER EVISED DE FOR INCOME |
| Prov 2; Prov 2; Prov 1 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X — FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATUTES REVENUE CODE SECTION 501(C)(3) AND ASSISTATUTES SECTION 43-1201. THEREFORE, NO PROVIDENCES IN THE ACCOMPANYING FINANCIAL STATEMENT | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN ISION HAS BEE | 5 4; Part > TAXE UE R | K, line S UNDER EVISED DE FOR INCOME |
| Prov 2; Prov 2; Prov 1 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SENTERNAL REVENUE CODE SECTION 501 (C) (3) AND ASSTATUTES SECTION 43-1201. THEREFORE, NO PROVIDENCES IN THE ACCOMPANYING FINANCIAL STATEMENT PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED INCREMENTAL AND SERVENUE AMOUNTS INCLUDED IN PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN PART XI | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN ISION HAS BEE | 5 4; Part > TAXE UE R | K, line S UNDER EVISED DE FOR INCOME |
| Prov 2; Prov 2; Prov 1 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SENTERNAL REVENUE CODE SECTION 501 (C) (3) AND ASSTATUTES SECTION 43-1201. THEREFORE, NO PROVIDENCES IN THE ACCOMPANYING FINANCIAL STATEMENT PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED INCREMENTAL AND SERVENUE AMOUNTS INCLUDED IN PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN PART XI | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN ISION HAS BEE | 5 4; Part > TAXE UE R | K, line S UNDER EVISED DE FOR INCOME |
| Prov 2; Prov 2; Prov 1 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SENTERNAL REVENUE CODE SECTION 501 (C) (3) AND ASSTATUTES SECTION 43-1201. THEREFORE, NO PROVIDENCES IN THE ACCOMPANYING FINANCIAL STATEMENT PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED INCREMENTAL AND SERVENUE AMOUNTS INCLUDED IN PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN PART XI | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN ISION HAS BEE | 5 4; Part > TAXE UE R | K, line S UNDER EVISED DE FOR INCOME |
| Prov 2; Prov 2; Prov 1 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SENTERNAL REVENUE CODE SECTION 501 (C) (3) AND ASSTATUTES SECTION 43-1201. THEREFORE, NO PROVIDENCES IN THE ACCOMPANYING FINANCIAL STATEMENT PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED INCREMENTAL AND SERVENUE AMOUNTS INCLUDED IN PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN PART XI | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN ISION HAS BEE | 5 4; Part > TAXE UE R | K, line S UNDER EVISED DE FOR INCOME |
| Prov 2; Prov 2; Prov 1 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SENTERNAL REVENUE CODE SECTION 501 (C) (3) AND ASSTATUTES SECTION 43-1201. THEREFORE, NO PROVIDENCES IN THE ACCOMPANYING FINANCIAL STATEMENT PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED INCREMENTAL AND SERVENUE AMOUNTS INCLUDED IN PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN PART XI | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN ISION HAS BEE | 5 4; Part > TAXE UE R | K, line S UNDER EVISED DE FOR INCOME |
| Prov 2; Prov 2; Prov 1 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND SENTERNAL REVENUE CODE SECTION 501 (C) (3) AND ASSTATUTES SECTION 43-1201. THEREFORE, NO PROVIDENCES IN THE ACCOMPANYING FINANCIAL STATEMENT PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED INCREMENTAL AND SERVENUE AMOUNTS INCLUDED IN PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN PART XI | nes 1b and 2b; Part V, line additional information. STATE INCOME ARIZONA REVEN ISION HAS BEE | 5 4; Part > TAXE UE R | K, line S UNDER EVISED DE FOR INCOME |

| Page 5 | 86-0765249 | CONSERVATION | LDLIFE | SOUTHWEST | orm 990) 2023 | Schedule D (Fo |
|---------------|------------|--------------|----------|------------------|---------------|----------------|
| | | | ntinued) | ital Information | Supplemen | Part XIII |
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SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

| | CENTER | | | | 86-076 | 65249 | | |
|-----|---|-------------------------------|--|---|--|-----------|-----|----------|
| Pa | art I Types of Property | | 1 | 70 | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of det noncash contribu | | | |
| 1 | Art — Works of art | X | 1 | 17,280 | | | | |
| 2 | Art — Historical treasures | | | | | | | |
| 3 | Art — Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities — Publicly traded | | | | | | | |
| 10 | Securities — Closely held stock | | | | | | | |
| 11 | Securities — Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities — Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution — Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation contribution — Other | | | | | | | |
| 15 | Real estate — Residential | | | | | | | |
| 16 | Real estate — Commercial | | | | | | | |
| 17 | Real estate — Other | | | | | | | |
| 18 | Collectibles | | | 6 | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | 4 | | | | |
| 25 | Other (DONATED GOODS) | X | 1 | 19,714 | | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by | the organ | nization during the tax ye | ear for contributions for | | | | |
| | which the organization completed F | orm 8283 | , Part V, Donee Acknow | ledgement | 29 | | Yes | No |
| 30a | During the year, did the organization | | | | | | | |
| | 28, that it must hold for at least 3 years | | | itribution, and which isn't re | equired to be | | | 3.7 |
| | used for exempt purposes for the e | | ng period? | | | 30a | | X |
| b | If "Yes," describe the arrangement | | | | | | | |
| 31 | Does the organization have a gift a | cceptance | policy that requires the | review of any nonstandard | i | | | |
| | contributions? | | | | | 31 | X | <u> </u> |
| 32a | Does the organization hire or use the | nird parties | s or related organization | s to solicit, process, or sell | noncash | pt=0.4000 | | |
| | | | | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an a | mount in | column (c) for a type of p | property for which column | (a) is checked, | | | |
| | describe in Part II. | | | | | | | 1 |

| Schedule M (Fo | orm 990) 2023 SOUTHWEST WILDLIFE CONSERVATION 86-0765249 | Page Z |
|----------------|---|--------------|
| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whete the organization is reporting in Part I, column (b), the number of contributions, the number of items receifor a combination of both. Also complete this part for any additional information. | ther ved, |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Schedule O (Form 990) 2023

Department of the Treasury Internal Revenue Service

CENTER

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Name of the organization SOUTHWEST WILDLIFE CONSERVATION

Employer identification number 86-0765249

| FORM 990 - ORGANIZATION'S MISSION | |
|---------------------------------------|---|
| SAVING OUR WILDLIFE, ONE LIFE AT A T | IME, BY RESCUING, REHABILITATING, AND |
| RELEASING INJURED, DISPLACED, AND ORI | PHANED WILDLIFE, WHILE EDUCATING THE |
| COMMUNITY ON THE IMPORTANCE OF NATIVE | E WILDLIFE AND PARTICIPATING IN |
| SCIENTIFIC RESEARCH | |
| | |
| FORM 990, PART I, LINE 6 | |
| VOLUNTEER ACTIVITIES INCLUDE CLINIC N | WORK, ANIMAL CARE WORK, EDUCATION WORK, |
| EVENT VOLUNTEERING, AND GROUNDS WORK | · |
| | |
| FORM 990, PART VI - ADDITIONAL INFORM | MATION |
| LINE 2 - SAM COPPERSMITH, BOARD CHAIL | R, PROVIDES LEGAL SERVICES TO LINDA |
| SEARLES, ED, PERSONALLY AS WELL AS TO | THE ORGANIZATION AT A STEEPLY |
| DISCOUNTED RATE AND SOMETIMES PRO-BOX | NO BASIS. ANY COMPENSATION FOR SERVICES |
| BY OTHERS IN HIS LAW FIRM TO THE ORGA | ANIZATION COMPLIES WITH THE |
| ORGANIZATION'S CONFLICT OF INTEREST I | POLICY AND THE BOARD CHAIR DOES NOT |
| PARTICIPATE IN ANY DISCUSSION OR DETR | ERMINATION OF PAYMENT. |
| | |
| FORM 990, PART VI, LINE 2 - RELATED 1 | PARTY INFORMATION AMONG OFFICERS |
| SAM COPPERSMITH | LINDA SEARLES |
| BOARD CHAIR | ED |
| BUSINESS RELATIONSHIP | |
| FORM 990, PART VI, LINE 11B - ORGANIZ | ZATION'S PROCESS TO REVIEW FORM 990 |
| | COMMING FIRM AND IS DISTRIBUTED TO ALL |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Name of the organization | Employer identification number 86-0765249 |
|--|---|
| SOUTHWEST WILDLIFE CONSERVATION BOARD MEMBERS. IT IS THEN REVIEWED FOR COMMENT AND RE | |
| | |
| SUSEQUENT BOARD MEETING OR THROUGH ONLINE COLLABORATI | ON IF THE RETURN MUST |
| BE FILED WITH THE IRS BEFORE THE NEXT BOARD MEETING. | |
| | |
| FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICT | S POLICY |
| DIRECTORS, EMPLOYEES, AND VOLUNTEERS MUST COMPLY WITH | H SOUTHWEST WILDLIFE'S |
| CONFLICT OF INTEREST POLICY. DIRECTORS AND KEY EMPLOY | YEES ANNUALLY FILL OUT |
| A FORM CERTIFYING THEY HAVE READ THE CONFLICT OF INTE | EREST POLICY AND |
| DISCLOSING ANY CONFLICT OF INTEREST THEY MAY HAVE. AI | LL CONFLICTS AND |
| POTENTIAL CONFLICTS ARE REVIEWED, DISCUSSED, AND DECI | DED BY THE BOARD, |
| WHICH DETERMINE THE APPROPIATE ACTION CONSISTENT WITH | H POLICY AND THE |
| INTERESTS OF SOUTHWEST WILDLIFE. | |
| | |
| FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FO | OR TOP OFFICIAL |
| THE EXECUTIVE DIRECTOR, OFFICERS, AND MEMBERS OF THE | BOARD OF DIRECTORS |
| RECEIVE NO COMPENSATION AND SERVE AS VOLUNTEERS. | |
| • | |
| FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FO | DR OFFICERS |
| THE BOARD OF DIRECTORS REVIEWS COMPENSATION OF OFFICE | ERS AND KEY EMPLOYEES |
| BY COMPARISON WITH SIMILAR POSITIONS IN LIKE ORGANIZA | ATIONS, COMPENSATION |
| STUDIES, AND OTHER AVAILABLE DATA. THE BOARD APPROVES | S ANY CHANGES IN |
| OFFICER AND KEY EMPLOYEE COMPENSATION BASED ON THIS C | COMPARATIVE |
| INFORMATION. | |
| | |
| FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC | CLOSURE EXPLANATION |
| SOUTHWEST WILDLIFE MAKES ITS ARTICLES OF INCORPORATION | |
| INTEREST POLICY, AUDITED OR REVIEWED FINANCIAL STATEM | |
| THINDOL LOUICI, AODITED ON NEVIEWED FINANCIAL STATE | THILLY (UN VEETTOVDIR) ' |

| SOUTHWEST WILDLIFE CONSERVATION | 86-0765249 |
|--|---------------------|
| AND FORM 990'S AVAILABLE TO THE PUBLIC UPON REQUEST. | FORM 990'S ARE ALSO |
| AVAILABLE VIA CANDID (GUIDESTAR) AND THE IRS WEBSITE. | |
| | |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSET | rs explanation |
| CHANGE IN BENEFICIAL INTEREST | \$ 1,680 |
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